

MONTGOMERY COUNTY EMPLOYEE RETIREMENT PLANS

APPLICATION FOR DEFERRED RETIREMENT OPTION PROGRAM (DROP) FOR ELIGIBLE MEMBERS OF GROUP G

In accordance with the provisions of Section 33-38A of the Montgomery County Code, I hereby apply for participation in the Deferred Retirement Option Plan. In making this application, I acknowledge the following:

- ➤ I have been provided with information regarding the DROP and fully understand the conditions of my participation in this program.
- > I have completed at least 20 years of credited service.
- ➤ I am submitting this application to Montgomery County Employee Retirement Plans (MCERP), 101 Monroe Street, 15th Floor, Rockville, MD 20850 at least 45 days and no more than 75 days before the date I am electing to participate, which date is the first of a month.
- > I understand that to enter DROP, I must elect an irrevocable retirement pension payment option that cannot be changed upon exiting DROP.
- > I understand that the maximum participation in this plan is three years and that if I elect to stop participating before the end of the 36 month period, I must notify MCERP and the Department of Fire and Rescue Services at least 60 days before stopping participation in the program.
- > I understand that I may withdraw this pending application within two weeks after submitting it.
- ➤ I understand that when my participation in the DROP ends, I must stop working for the County and receive a pension benefit.

I request that my DROP partic	ipation become effective	
I want to applyaccrued sick leave while in DR	hours of sick leave towards my retirement calcu ROP will be applied when I exit DROP.	lation. Any unused,
Employee Name (Print)	SSN	
Employee Signature	Date	
MCERP Date Received:	Ret Code:	02/13



MONTGOMERY COUNTY EMPLOYEE RETIREMENT PLANS EMPLOYEES' RETIREMENT SYSTEM **Application for Retirement**

NAME	SS	SSN				
ADDRESS						
	DI IONIE NII IMDED					
I hereby elect to retire effective form is correct. I elect to receive my benefit i	and certify that the information indicated on this in the option noted below:					
BENEFIT PAYMENT OPTIONS: Please refedescription of the options listed below. You can www.montgomerycountymd.gov/retirement or by	obtain the Sun	nmary Plan			ment plan for a	
☐ Modified Cash Refund Annuity						
Ten Year Certain and Continuous						
☐ Joint and Survivor Annuity	□ 100%	□ 70%	□ 50%	□ 30%	□ 20%	
☐ Joint and Survivor Pop-Up Annuity	□ 100%	□ 70%	□ 50%	□ 30%	□ 20%	
☐ Social Security Adjustment	□ age 62	□ age 65	5			
Social Security Adjustment Combined	l with Joint and	Survivor				
	□ age 62	□ age 65	5			
	□ 100%	□ 70%	□ 50%	□ 30%	□ 20%	
Social Security Adjustment Combined	l with Joint and	Survivor P	op Up Annı	iity		
	□ age 62	□ age 65	5			
	□ 100%	□ 70%	□ 50%	□ 30%	□ 20%	
The payment option elected, as well as the deafter the first retirement payment has been maward.	signated Joint nade except in	Annuitant the case of	(if applicat a subseque	ole), cannot nt Disabilit	be changed y Retirement	
I elect as my Joint Annuitant (name)			, (SSN)			
(date of birth)	Proof of Age submitted for Spouse/Domestic Partner annuitant Proof of Marriage submitted Domestic Partner Affidavit submitted Social Security Card Proof of Birth Certificate (for child annuitant)					
Participant's Signature Date						
MCERP Date Received:	Ret Co	ode:			04/13	